Monthly Roster of Enrolled Children

Month of Roster:	Page of 	
Center Name:		_
Compiled By (signature):		

(List every child who ate at least one meal)						
		IEF	Eligibility			Comments
Date Child's Name		Expiration	Code			
Enrolled	oa o Italiio	Date	Α	В	С	
			A	В		
_						
	L					

Date Enrolled	Child's Name	IEF Expiration	Eligibility Code		ity	Comments
23.104		Date	Α	В	C	

Date Enrolled	Child's Name	IEF Expiration	Eligibility Code		ity	Comments
23.104		Date	Α	В	C	

Date Enrolled	Child's Name	IEF Expiration	Eligibility Code		ity	Comments
2000		Date	Α	В	С	
	_					
	_					
	-					